Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Weolook

Pick up Address: 13344 South Main Street Los Angeles Code No.
(Number) (Street) (City)

Telephone Number: (213) 3272770 P.O. or Contract No.:

Order Placed By: _____ Date: 4-2-80

Type of Process
which Produced Wastes: Metal Plating
(Examples: metal plating, equipment cleaning, oil drilling--Code No.
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution	8. ☐ Tank bottom sediment
2. ☐ Alkaline solution	9. ☐ Oil
3. ☐ Pesticides	10. ☐ Drilling mud
4. ☐ Paint sludge	11. ☐ Contaminated soil and sand
5. ☐ Solvent	12. ☐ Cannery waste
6. ☐ Tetraethyl lead sludge	13. ☐ Latex waste
7. ☐ Chemical toilet wastes	14. ☒ Mud and water
	15. ☒ Brine

☐ Other (Specify) _____ Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda,
phenolics, solvents (list), metals (list),
organics (list), cyanide)

Upper / Lower / % / ppm

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Hazardous Properties of Waste:

pH _____ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to
a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty
of perjury that the foregoing is true
and correct.

Ceasar A. Rodart, Sr.
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping

Business Address: P.O. Box 59389 L.A Calif 90059
(Number) (Street) (City)

Telephone Number: 757-1855 Pick Up: _____ Time: _____
(Date)

State Liquid Waste Hauler's Registration No. (if applicable): _____

Job No.: 01301 No. of Loads or Trips: 1 Unit No.: 1

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other _____ (specify)

The described waste was hauled by me to the disposal
facility named below and was accepted.

I certify (or declare) under penalty
of perjury that the foregoing is true
and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____

Site Address: _____ Code No.

The hauler above delivered the described waste to this disposal facility and
it was an acceptable material under the terms of RWQCB requirements, State
Department of Health regulations and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____

☐ disposal (specify): (Examples: incineration, neutralization, precipitation)-Code No.
☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify): _____ Code No.

If waste is held for disposal elsewhere specify final location

Disposal Date: 4-2-80

I certify (or declare) under penalty
of perjury that the foregoing is true
and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the
State Department of Health with monthly fee reports.

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